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(Attorney Docket No. 05123.00004)

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By: 

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In the Application of: Istvan, et al.

Serial Number: 09/998,733

Filing Date: November 30, 2001

Title: Wireless ECG System

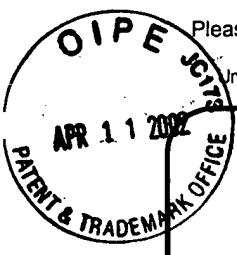
- ☒ Information Disclosure Statement
- ☒ Form 1449 with cited references
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/998,733	
	Filing Date	November 30, 2001	
	First Named Inventor	Istvan	
	Group Art Unit	3762	
	Examiner Name	n/a	
Total Number of Pages in This Submission	1	Attorney Docket Number	05123.00004

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form 1449 w/cited references Return Receipt Postcard
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